

# Foster Family Home - Deficiency Report

**Provider ID:** 1-562670

**Home Name:** Juanito Castanaga, CNA

**Review ID:** 1-562670-12

94-968 Lumimoe Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 8/17/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/17/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- HHM#2 without any APS/CAN/Fingerprinting results present in the CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#3 and HHM#2.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
41.(a)(1)	Reside in the community care foster family home;	
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.	
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and	
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.	

Comment:

- 41.(a)(1)- CG#1 without proof of residency in the CCFFH. CG#1 without an available bedroom in the CCFFH. Per CG#1, "I live next door". Address next door was different from CCFFH address; CG#1's ID copy was address of next door.  
 41.(b)(8)- CG#3 without a blood borne pathogen and infection control certification training, CPR, and basic first aid present in the CCFFH binder.  
 41.(c)- No annual in service training present in the CCFFH binder for CG#3.  
 41.(f)(1)- No TB clearance result present for HHM#2.  
 41.(g)- No Basic Skills checklist completed for CG#3.

Foster Family Home	Client Care and Services	[11-800-43]
43.(c)(3)	Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.	
Comment:		
43.(c)(3)- No RN delegation present for CG#3 on Client #1.		

Foster Family Home	Fire Safety	[11-800-46]
46.(a)	The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.	
46.(b)(2)	All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.	

Comment:

- 46.(a)- No monthly fire drill conducted for the months of May 2021 and June 2021.  
 46.(b)(2)- CG#3 without evidenced of having conducted a monthly fire drill.

Foster Family Home	Physical Environment	[11-800-49]
49.(a)(5)	An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and	
Comment:		
49.(a)(5)- No smoke detectors were functioning in the CCFFH when tested during inspection.		

# Foster Family Home - Deficiency Report

**Foster Family Home**

**Quality Assurance**

**[11-800-50]**

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 without evidenced of having had training in the CCFFH's Emergency Preparedness Plan.

**Foster Family Home**

**Client Rights**

**[11-800-53]**

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Clients' bedrooms and bathroom doors without locks from the inside. Under the My Choice My Way, clients' doors shall be provided with locks from the inside to provide for clients' privacy.

Mabel Nakamine, RN  
Compliance Manager  
Jenny Cochran  
Primary Care Giver

8/18/2021  
Date  
8/18/2021  
Date

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Juanito Castanaga

(PLEASE PRINT)

CCFFH Address: 94-968 Luimoe St. Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1) (2)	Obtained a copy of APS/CAN/Fingerprint result for HHM#2 by making an appointment and printing results from [REDACTED]	9/8/2021	Create a spreadsheet of required background history for each HHM and caregivers that shows deadlines. Also to check binder monthly for any possible changes.
16.(b) (5)	Provided training to CG#3 and HHM#2 on confidentiality policies and procedures and client privacy rights. Also had them sign after they were trained.	9/1/2021	Create a checklist and a reminder in binder to provide training for each HHM and caregivers.
41.(a) (1)	CG#1 to use the vacant room that was supposed to be used for a possible second client. However, [REDACTED] CG will only admit one client.	9/1/2021	CG#1 to ensure to ask questions to [REDACTED] or read rules and regulations regarding residing with clients.
41.(b) (8)	Obtained a copy of blood borne pathogen and infection control certification training for CG#3	8/18/2021	Create a spreadsheet of required training certification for each HHM and caregiver that shows deadlines. Also to check binder monthly for any possible changes.

☒ All items that were fixed are attached to this CAP
PCG's Signature: Juanito C. CastanagaDate: 9/23/2021
☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Juanito CastanagaCCFFH Address: 94-968 Luimoe St. Waipahu HI, 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(c)	Obtained annual inservice for CG#3	8/14/2021	Create a spreadsheet of required annual inservice for each HHM and caregivers. Show dates and checklist. Check binder monthly or periodically for any possible changes.
41.(f) (1)	Obtained TB clearance results for HHM #2 from doctor.	9/8/2021	Create a spreadsheet of required health screenings such as TB clearance for each HHM and caregivers. Show dates and checklist, deadlines of each. Check binder monthly or periodically for any possible changes.
41.(g)	Obtained a basic skills checklist for CG#3 from casemanagement.	9/21/2021	CG#1 to ensure to check each caregivers receive a basic skills checklist on the day of client admission. Remind casemanagement if there was ot any basic skills checklist given.
43.(c) (3)	CG#3 received RN delegation for client #1 from RN casemangement.	9/1/2021	CG#1 to ensure caregivers are given RN delegations for each clients on the day of admission. Call RN if a new delegation is

☐ All items that were fixed are attached to this CAP
PCG's Signature: Juanito A. CastanagaDate: 9/23/2021
☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Jaunito Castanaga

(PLEASE PRINT)

CCFFH Address: 94-968 Luimoe St. Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
46.(a) 46.(b) (2)	Conducted a fire drill for the missed months of May 2021 and June 2021 with all CG, CG, clients and HHM.	9/1/2021	CG#1 to create a monthly reminder on cellphone of fire drills. The reminder will be set to every first of the month to ensure a fire drill is done.
49.(a) (5)	Changed the batteries of smoke detectors and tested to see if it was functioning properly.	8/21/2021	On the months fire drill is conducted CG#1 to also check smoke detectors after the fire drills are conducted to ensure it is functioning properly.
50.(a)	CG#3 had signed and trained on CCFFH Emergency Preparedness Plan.	8/21/2021	CG#1 to ensure to train CGs and HHMs on CCFFH Emergency Preparedness Plan as needed on the day of adding new members in the household. Check binder periodically for any possible changes.
53.(b) (9)	Door knobs were changed with locks to ensure it follows with the guideline from My Choice my way for client's privacy.	8/21/2021	CG#1 to review again the My Choice My Way guidelines of client's rights.

☒ All items that were fixed are attached to this CAP
PCG's Signature: Jaunito A. CastanagaDate: 9/23/2021
☒ CTA has reviewed all corrected items